

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09/355254</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3	1						63						
4		3					64						
5		3					65						
6		0					66						
7		0					67						
8		0					68						
9		0					69						
10		0					70						
11		0					71						
12		0					72						
13		0					73						
14		3					74						
15		0					75						
16		0					76						
17		0					77						
18		0					78						
19		0					79						
20		0					80						
21		0					81						
22		0					82						
23	1						83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	26						TOTAL DEP.						
TOTAL CLAIMS	29						TOTAL CLAIMS						